

FORM PTO-1449 (modified) To: U.S. Department of Commerce (PW FORM PAT-1449) Patent and Trademark Office Information Disclosure Statement by Applicant					Attorney Docket No.: 2545-0438				
					Client Reference No.: 61.G2475.12.US.1243				
					Applicant: DALL'OSSO et al.				
					Appln. No.: New Patent Application				
					Filing Date: February 9, 2004				
Date: February 9, 2004			Page 1 of 1		Examiner: N/A		Group Art Unit: N/A		
U.S. PATENT DOCUMENTS									
Examiner's Initials		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)		Class	Sub Class	Filing Date (if appropriate)	
	AR	4,852,588	09/1989	Piana et al.					
	BR	4,461,415	07/1984	Seragnoli					
	CR								
	DR								
	ER								
	FR								
	GR								
	HR								
	IR								
	JR								
	KR								
	LR								
	MR								
	NR								
FOREIGN PATENT DOCUMENTS						English Abstract		Translation Readily Available	
		Document Number	Date MM/YYYY	Country	Inventor Name	Enclosed	No	Enclosed	No
	OR	1300088	04/2003	Europe	Dall'Osso et al.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	QR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	XR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Including in this order Author, Title, Periodical Name, Pertinent Pages, etc.)									
	YR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ZR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AAR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examiner:					Date Considered:				
*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.									